
CASCADIA BEHAVIORAL HEALTHCARE RENEE BOAK, MPH, CADCI PORTLAND, OREGON COHORT V

TIPS FROM THE GRADUATING CLASS

GENERAL OVERVIEW

General information:

- Behavioral health provider
- Populations: kids, transitional age youth, adults/mental health, adults/substance use, forensics
- Programs: outpatient, residential, supportive housing, forensics
- ~ 1000 staff

Primary care provision

- FQHC, mobile medical van
- Two ½ clinics, one full day clinic
- 1 primary care provider, medical assistant, referral coordinator @ 20 hours/week
- On-Site Services: primary care, lab

ACCOMPLISHMENTS

- Accomplishments
 - Clinical pathways
 - Team based care
 - Population based treatment
 - Prevention
 - Support implementation of peer delivered services across division
- Challenges/how overcame
 - Primary care saturation
 - Capitated payment model

IF I KNEW THEN WHAT I KNOW NOW...

Words of Advice: Policies, procedures, work flows, clinical pathways, and data driven outcomes are important, but the cultural shift will determine the success of your PBHCI program.

Words of Advice: Don't make integration an option and know that it will look different across clients/programs/sites.

Words of Advice: Plan early, work with payers and regulatory bodies, and use your data!

MOVING FORWARD

- What will change about your model/services?
 - New primary care partner
 - Expand populations to include substance use/addictions and children
 - Services provided will align with CCBHC requirements
- Biggest challenge: shifting culture takes time, already established with primary care
- Sustainability Plan
 - Case rate/PBHCI staff transferring into mental health teams
 - CCBHC
 - Grant opportunities